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## BIB DATA SHEET

CONFIRMATION NO. 8104

<b>SERIAL NUMBER</b> 10/825,359	<b>FILING or 371(c) DATE</b> 04/16/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 62367-393058		
<b>APPLICANTS</b> Peter Gibson, South Coogee, AUSTRALIA; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> AUSTRALIA 2003901867 04/17/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/24/2004						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/REX R HOLMES/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 88	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> KILPATRICK STOCKTON LLP 1100 Peachtree Street Suite 2800 ATLANTA, GA 30309 UNITED STATES						
<b>TITLE</b> Implantable device having osseointegrating protuberances						
<b>FILING FEE RECEIVED</b> 2366	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			